



Distance Learning Classroom Request

Digital Training Facility Manager

Building _____ Room _____

Phone _____ Fax _____

Date of Request: _____

Person Requesting Classroom: _____

Organization: _____

Phone and FAX Number: _____

E-Mail: _____

Requested Dates:

Primary: _____ Hours To: _____ From: _____

Secondary: _____ Hours To: _____ From: _____

Type of Training:

- ☐ Distance Learning:
(Refer to enclosure for Instructions)
- ☐ IMI (Individual Multimedia Instruction)
(Refer to enclosure for Instructions)
- ☐ Resident Instruction:
(Refer to enclosure for Instructions)

Number of Students: _____
(max 16 per classroom)

Number of Classrooms Needed: _____

Proponent School: _____

Proponent School POC: _____

Organization: _____

Phone, FAX, and E-Mail: _____
